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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ­ | | | | **EIPT ONLY Service Request** | | | | | | | | | Date: | | |
| NC Department of Information Technology  Service Delivery  DIT Home Page Web Address: <https://it.nc.gov/>  DIT Service Desk:(919)-754-6000 or 800-722-3946 | | | | | | Upload this completed form to the DIT Service Now Portal: <https://ncgov.servicenowservices.com/sp_dit>  \*\*\*Sign into the Service Now Portal using NCID credentials & attach this form to your request. | | | | | | | Requested Due Date:    Service Request Number **(DIT USE ONLY)** | | |
| **Information requested below is REQUIRED in order to expedite processing.** | | | | | | | | | | | | | | | |
| Requestor Name (mandatory): | | | | | | | Requestor Telephone Number (mandatory): (     )      - | | | | | | | | |
| Requestor E-mail (mandatory): | | | | | | | Requestor Alternate Telephone Number: (     )      - | | | | | | | | |
| Requested For (if different than above): | | | | | | | Telephone Number: (     )      - | | | | | | | | |
| 25 digit Department Code for Bill To Telephone Number(mandatory): | | | | | Bill To Telephone Number (mandatory):  (     )      - | | | | | Floor (location): | | | | Room (location): | |
| Federal ID: | | | | | Agency/Organization | | | | | | Division: | | | | |
| Street Address: (Work Location): | | | | | | | | City/Town: | | | Zip Code: | | | County: | |
| **Add** | | | | | | | **Change** | | | | | | | | |
| Phone Type: | Avaya | |  | | | | Name Change:  Old Name: | | | | | | | | |
| Model Number: | | | | | | | New Name: | | | | | | | | |
| One-X Agent (SIPVOIP1XAGT): Yes No | | | | | | | Employee Separation: Yes No Phone: (     )      - | | | | | | | | |
| ssign Telephone #: Yes No | | | | | | | Name: | | | | | | | | |
| Use Existing/Vacant #: Yes No | | | | | | | Remove Station Yes No | | | | | Make Vacant: Yes No | | | |
| (     )      - | | | | | | | Remove One-X Agent: Yes No | | | | | | | | |
| Add-on Module Required? | | | | | | | Remove Agent Yes No Remove Supervisor Yes No | | | | | Make Vacant: Yes No  Make Vacant Yes No | | | |
| Configure phone after existing employee? | | | | | | | **Move** | | | | | | | | |
|  | | | | | | | Physical Move: Yes No | | | | | | | | |
| Voicemail needed? Yes No | | | | | | | Old Location: | | | | | | | | |
| Voicemail zero out extension: | | | | | | | New Location: | | | | | | | | |
| EC500: Yes No | | | | | | | Department Move: Yes No | | | | | | | | |
| Cell Phone Number: (     )      - | | | | | | | Old 16-digit bill code: | | | | | | | | |
| International Long Distance Yes No | | | | | | | New 16-digit bill code: | | | | | | | | |
| **Contact Center Services** | | | | | | | | | | | | | | | |
| Agent (CCAGT): Yes No | | | | | | | Agent and CMS Supervisor (CCAGTSUPV): Yes No | | | | | | | | |
| Skills Needed: | | | | | | | CMS Supervisor Only (CCSUPV): Yes No | | | | | | | | |
| Add/Remove from Agent group: | | | | | | | Supervisor Name: | | | | | | | | |
|  | | | | | | | Supervisor Phone: (     )      - | | | | | | | | |
|  | | | | | | | Skills: | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| EMC (CCEMCAGT): Yes No | | | | | | | Windows Login ID: | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| TelStrat (Call Recording) Yes No | | | | | | | NCID for TelStrat: | | | | | | | | |
| Email for TelStrat: | | | | | | | Agent Name for TelStrat: | | | | | | | | |
| Agent ID for TelStrat: | | | | | | | Agent Phone # for TelStrat: | | | | | | | | |
| **Describe the Service Request. Include attachment if necessary. Use only 1 installation site address per form.** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Budget Officer’s Signature (mandatory): | | SOF | | | | | | | Telephone: (     )      - | | | | | | Date: |